

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078102

FILED
Jul 12, 2005
Secretary of State

Entity Name: SPACE COAST ASSOCIATION OF HEALTH UNDERWRITERS, INC.

Current Principal Place of Business:

5500 N. ATLANTIC AVE., #218
COCOA BCH, FL 32931

New Principal Place of Business:

680 W. EAU GALLIE BLVD
MELBOURNE, FL 32935

Current Mailing Address:

5500 N. ATLANTIC AVE., #218
COCOA BCH, FL 32931

New Mailing Address:

P.O. BOX 361522
MELBOURNE, FL 32936

FEI Number: 59-3642269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DROPESKI, CYNTHIA R
690 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DROPSKI, CINDY
Address: 690 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: STD () Delete
Name: AUCLAIR, KIMBERLY
Address: 99 NORTH ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: ALEXANDER, JOHN
Address: 5505N N. ATLANTIC BLVD.
City-St-Zip: COCOA BEACH, FL 32931

Title: VPD () Delete
Name: DENINGER, PAUL
Address: 5505 N. ATLANTIC AVE. #127
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ALEXANDER, JOHN
Address: P.O. BOX 320310
City-St-Zip: COCOA BEACH, FL 32932

Title: VPD (X) Change () Addition
Name: HANDA, ANGELA
Address: 6450 US HIGHWAY 1
City-St-Zip: ROCKLEGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY L AUCLAIR

STD

07/12/2005

Electronic Signature of Signing Officer or Director

_____ Date